STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910698	12/19/2016
NAME OF PROVIDER OR SUPPLIER **LINCOLN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2144 LINCOLN STREET** **HOLLYWOOD, FL 33020**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A monitoring inspection was conducted from 12-7-16 to 12-19-16. The Lincoln Manor assisted living facility was found to be not in compliance during this visit.

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the assisted living facility (ALF) failed to properly label and protect its food items so as to prevent spoilage and to ensure this food was safe for resident consumption. Findings include:
In an observation on at 10:10 AM inside the kitchen ' s dry food storage closet, there were approximately 2 orange juice cans which were labeled with a " best by " date of . In an observation at this time inside the refrigerator and freezer, approximately 30 pounds of meat were stored inside unsealed and unlabeled clear ziploc plastic bags and the meat presented to be covered with frost and ice. In an observation at this time inside the freezer, there was a roasted turkey which was labeled with a " best before " date of / . In an observation at this time inside the freezer, there were approximately 8 bags of frozen vegetables which were not labeled with any dates to represent when they were packed, delivered or to expire. In an observation at this time in the dry food storage shelf, there were approximately 2 loaves of bread which were labeled with a " best by " date of .
In an interview with the facility owner on at at 10:10 AM, he stated that the " use by " labels on the food packaging were merely suggestions to him and that the facility used food for resident meals after its " use by " date.
In an interview with the kitchen staff member on at 10:35 AM, she stated that the facility usually marked the dates on the plastic bags containing the meat products with markers that were impossible to be read or identified because it smeared off from the bags. She stated that the frozen vegetables came to the facility inside a labeled box and the facility staff members removed the unlabeled bags of vegetables from the box to save space in the refrigerator. She stated that the facility staff members did not write the expiration dates on the frozen bags of vegetables as per the labels on the boxes and the facility discarded the boxes when the vegetables were transferred to the refrigerator.
In an interview with the facility ' s consultant dietician on / at 3:00 PM, she stated that it was unsafe to not label the resident food items or to label them incorrectly when delivered and stored in the facility. She stated that every resident food item that was stored inside the refrigerator and freezer needed to be labeled, in a manner that it can be identified when the item was delivered, opened and/or to be expired. She stated that it was the facility ' s responsibility to ensure that all of the resident food items are properly labeled and that it must not use food items after their " use by " dates to guarantee its safety for resident consumption. She stated that an expired turkey is very dangerous to consume because it can lead to severe illness requiring hospitalization. She stated that water, frost and

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ice intrusion when storing meat and fish in an unsealed plastic bag, will lead to the degradation of flavors of the meat and fish.
Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on interview and record review, the facility failed to provide a safe living environment to 1 out of 6 residents (resident #3) by not adequately treating the facility for the control and prevention of bed bugs inside the resident .

The findings are:

In an interview with resident #3 on at 10:20am, he stated that on or about , he noticed that there were bed bugs in his . He stated that he observed a few bed bugs by the window sill next to his bed and he immediately informed the facility administrator of this.

In an interview with the administrator on at 10:30am, she stated that when resident #3 notified her that he had seen bed bugs inside his , she contacted a pest control contractor on to inspect this resident's the intrusion of pests. She stated that the pest control technician that responded to the facility on , did not find any evidence that there were bed bugs inside resident #3's .

Review of the facility records indicated that there was no documentation to represent the pest control contractor's inspection at the facility on .

In an interview with the pest control technician on at 11:10am, she stated that she inspected resident #3's and found 2 bed bugs inside the resident's some tiny "bood stains" on the resident's bed linens, which made it consistent with bed bugs inside the . She stated that she only treated resident #3's bedoom for bed bugs on , including the furniture in the , but was not able to treat any surrounding areas of the facility. She stated that in order to ensure that bed bugs were not present in the facility, it was needed to inspect and/or treat the areas surrounding the resident's she did not have an opportunity to do so on or after that.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Lincoln Manor
2144 Lincoln Street
Hollywood, FL 33020

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/
Enclosure
XG90

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